

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025499

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 305-8

Registrar's No. 4 a

FILED JUN 17 1963

1. PLACE OF DEATH

a. COUNTY

St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Charles

Length of stay in 1b

5 Days

c. CITY

OR
TOWN

Overland

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)
8347 Midland Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Florence

Middle

Last

Roepke

4. DATE OF DEATH

Month

June

Day

9

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

7-13-81

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Rudolph Dunhaupt

13b. MOTHER'S MAIDEN NAME

Mary Ellen Scherr

14. NAME OF HUSBAND OR WIFE

Wm. H. Roepke

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Mrs. Gertrude Mueller, Midland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

72 hours

DUE TO (b)

Hypertensive C V R disease

?

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 1957 to 6/9/63

2 P

and last saw him alive on

6/9/63

Death occurred at

22a. SIGNATURE

Walter C. Kraybill

(Degree or title)

22b. ADDRESS

8711 St. Charles Road, St. Louis, Mo.

22c. DATE SIGNED

6/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

6-12-63

23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

23d. LOCATION (City, town, or county)

St. Louis

STATE

Mo.

24. FUNERAL DIRECTOR

Drehmann-Harral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.

6-10-63

26. REGISTRAR'S SIGNATURE

Mabel Zimmert

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

10928

2400X

3

4

5

6

7

8

9442X

10

11

12 1-0

13 5-0

JUN 19 1963

Dr. Gray or Mullarky
8711 St. Charles Rock Road
Ha 8-3334
Hrs. 1:30-5 Mon.
10:30-11:30 & 2-6 Tues.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Warren A. Carver

Licensed Embalmer No.

3534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.